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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item not be obtained insert the word "unknown". Make every effort possible to obtain this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
BUREAU OF VITAL STATISTICS		488	
COUNTY OF MARICOPA	ORIGINAL CERTIFICATE OF DEATH	TERRITORIAL INDEX NO. 155	COUNTY REGISTERED NO. 415
DISTRICT OF PHOENIX	NO. 409 E. Harrison	ST. LOCAL REGISTRAR'S NO. 183-3	
TOWN	(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		
OR CITY OF PHOENIX	FULL NAME <u>Ignacio Leyra Jr.</u>		
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR or RACE <u>White</u> Black Indian Chinese Mexican	DATE OF DEATH <u>Apr</u> <u>19</u> 191 <u>2</u> (Month) (Day) (Year)	
SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED DIVORCED		I hereby certify, that I attended deceased from <u>on April 18</u> 191 <u>2</u> <u>morning</u> <u>1912</u> ; that I last saw him alive on <u>Apr 18</u> 191 <u>2</u> and that death occurred on the date stated above at <u>11 A</u> M. The DISEASE or INJURY causing Death was as follows: <u>Simple meningitis</u>	
DATE OF BIRTH <u>May</u> 191 <u>1</u> (Month) (Day) (Year)		(Duration) <u>5</u> yrs. <u>5</u> mos. <u>5</u> days	
AGE <u>11</u> yrs. <u>11</u> mos. <u>11</u> days hrs. or min.		Was disease contracted in Arizona? <u>yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		If not, where?	
BIRTHPLACE (State or country) <u>Phoenix Ariz</u>		CONTRIBUTORY (Duration) <u>5</u> yrs. <u>5</u> mos. <u>5</u> days	
PARENTS	NAME OF FATHER <u>Ignacio Leyra Sr.</u>	(Signed) <u>Wm. Sargent</u> M. D.	
	BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>	<u>4/19</u> 191 <u>2</u> (Address) <u>Phoenix Ariz</u>	
	MAIDEN NAME OF MOTHER <u>Andrea Pando</u>	*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>	LENGTH OF RESIDENCE	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death <u>11</u> yrs. <u>11</u> mos. <u>11</u> ds. In Arizona <u>11</u> yrs. <u>11</u> mos. <u>11</u> ds.	
(Informant) <u>Ignacio Leyra</u>		Former or Usual Residence	
(Address) <u>409 E. Harrison</u>		Filed <u>4/19</u> 191 <u>2</u> <u>Wm. Sargent</u> Local Registrar.	
PLACE OF BURIAL OR REMOVAL <u>Phoenix</u>	DATE OF BURIAL OR REMOVAL <u>4/19</u> 191 <u>2</u>	Filed <u>5-9</u> 191 <u>2</u> <u>Habergher</u> County Registrar.	
UNDERTAKER <u>none</u>	ADDRESS		